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PTO/SB/17 (10-07)

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2008		Complete if Known	
		Application Number	10/559,936
		Filing Date	December 8, 2005
		First Named Inventor	Paolo Bellini
		Examiner Name	Allen, Andre J.
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Art Unit	2855
TOTAL AMOUNT OF PAYMENT		(\$)	0
		Attorney Docket No.	82652-244273

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 22-0261 Deposit Account Name: Venable LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, **except for the filing fee**

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	310	155	510	255	210	105	
Design	210	105	100	50	130	65	
Plant	210	105	310	155	160	80	
Reissue	310	155	510	255	620	310	
Provisional	210	105	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	210	105
Multiple dependent claims	370	185

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
HP = highest number of total claims paid for, if greater than 20.						
<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>			
HP = highest number of independent claims paid for, if greater than 3.						

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____ - 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____				

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): _____

SUBMITTED BY			
Signature	<u>Steve Schwarz</u>	Registration No. (Attorney/Agent)	47,070
Name (Print/Type)	Steven J. Schwarz	Telephone	(202) 344-4295
		Date	<u>3/27/2008</u>

#272752



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:
Paolo Bellini et al.

Appl. No.: 10/559,936

Confirmation No.: 1041

Filed: December 8, 2005

For: PRESSURE SENSOR WITH
INTEGRATED STRUCTURE

Art Unit: 2855

Examiner: Andre J. Allen

Atty. Docket No.: 82652-244273

Customer No.

26694

PATENT TRADEMARK OFFICE

Request For Acknowledgement of Previously Filed Information
Disclosure Statement

Mail Stop Issue Fee

Honorable Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Enclosed is a copy of an Information Disclosure Statement, PTO Form 1449, and cited European Patent that were previously filed in this application on December 8, 2005. The Applicant received a Notice of Allowance in this case on January 25, 2008, however, an initialed and signed copy of the enclosed PTO Form 1449, indicating consideration of the four cited references, has not been received by the Applicant. The Applicant believes that the Information Disclosure Statement is in compliance with the applicable Patent and Trademark Office regulations, and further believes that the cited references should have been considered.


Applicant: Paolo Bellini et al.
Appl. No.: 10/559,936

Accordingly, the Applicant requests that the Examiner initial and sign the enclosed PTO Form 1449 and return it to the Applicant as soon as possible.

No fee is believed to be due for this submission. However, should a fee be due, please charge such fee to our deposit account number 22-0261, referencing our matter number 82652-244273, and notify the undersigned.

Respectfully submitted,

Date: 3/27/2008


Steven J. Schwarz
Registration No. 47,070
VENABLE LLP
P.O. Box 34385
Washington, DC 20043-9998
Telephone: (202) 344-4000
Telefax: (202) 344-8300

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